

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011490

1. Entity Name

EAST COAST MARKETING, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90071 007 \*\*\*158.75

Principal Place of Business

Mailing Address

3200 PORT ROYALE DR N  
SUITE 1801  
FT LAUDERDALE FL 33308

3200 PORT ROYALE DR N  
SUITE 1801  
FT LAUDERDALE FL 02673-0563

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2150 S. OCEAN BLVD 2150 S. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1-A

1-A

City & State

City & State

DELRAY BEACH FLORIDA

DELRAY BEACH FLORIDA

Zip

Country

Zip

Country

33483

US

33483

US

4. FEI Number

65-0467536

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAUBERT, MAUREEN A  
3200 PORT ROYALE DR N  
SUITE 1801  
FT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME TAUBERT, MAUREEN A  
STREET ADDRESS 3200 PORT ROYALE DR N SUITE 1801  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2150 S OCEAN BLVD APT 1-A  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VPS ☐ Delete  
NAME TAUBERT, FREDERICK W  
STREET ADDRESS 3200 PORT ROYALE DR N SUITE 1801  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2150 S. OCEAN BLVD APT 1-A  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maureen A. Taubert MAUREEN A. TAUBERT - 29-00 561-330-2331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)